

CRNP/CNM and CRNA TEMPORARY CHANGES

**COVID-19 Response
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CRNP – What are the differences from current practice?



Licensed healthcare facility (LHF) based CRNP/CNM practice allows direction from the CMO or designee, which may be in specific patient locations within the hospital such as ED, ICU or elsewhere in the facility. **No FTE limits**



The CRNP/CNM may practice to their full scope of practice based on education and training.



CRNP/CNMs are authorized to perform all skills and prescribe from facility approved formulary and all skills authorized in the facility protocols. (controlled substance prescribing requires the DEA registration through the ABME).

CRNP/CNM Changes continued

Full Scope of Practice

- ▶ **Broadens what a CRNP/CNM can do through facility protocol and full scope of practice.**
- ▶ **The LHF may develop related CRNP/CNM protocols supportive of patient care based on the scope of practice specific to the CRNP/CNM.**

CRNP/CNM Hiring and Record-Keeping

- ▶ A facility will have NO FTE restrictions and may employ an unlimited number of CRNPs/CNMs.
- ▶ An application to the ABN is not required, as the LHF will perform record keeping. The LHF must verify licensure, advanced practice approval, and certification. The ABN will provide a spreadsheet, for employer tracking.
- ▶ There is no licensure fee to the ABN associated with the CRNP/CNM LHF approval. Approve the provider and get started.

Outside of Licensed Healthcare Facilities: Rural Community and Individual Physician Collaboration Changes

Non-LHF collaborations move to 9 FTEs per MD.

CRNP practice is under current approved protocols and formulary - are available on the ABN website by specialty. <https://www.abn.alabama.gov/advanced-practice-nursing/>


CRNP/CNM must submit an emergency application to ABN by email with no fee requirement. Available as a quick paper app to be submitted by email.

advancedpractice@abn.alabama.gov

Upon acceptance by the ABN, the collaboration is approved immediately.

CRNAs - What are the differences from current practice?

Licensed healthcare facility (LHF) based CRNA practice allows direction from the CMO or designee, which frees the CRNA to practice in any area, such as ED, ICU, or elsewhere.



Broadens and allows CRNAs to provide full scope of practice and employ the full complement of their unique skills outside of the or perioperative period (whether or not associated with the provision of anesthesia).

CRNA Changes Continued

The LHF can develop CRNA-related protocols supportive of patient care, based on the scope of practice for a CRNA. CRNAs are authorized to perform all skills as authorized in the facility protocols.



Links to the CRNA scope of practice and guidelines are provided for reference.

[https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/scope-of-nurse-anesthesia-practice.pdf?sfvrsn=250049b1_2](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/scope-of-nurse-anesthesia-practice.pdf?sfvrsn=250049b1_2)



CRNAs may practice outside of anesthesia services.

- ▶ This is a broad change and allows the LHF to utilize CRNA practice in many different practice models and settings, to plan for patient emergency care and airway management.

LHF Requirements for CRNA

- ▶ **A facility can employ an unlimited number of CRNAs outside of anesthesia services.**
- ▶ **CRNAs do not need to submit applications for approval, as record-keeping will occur at the facility level. The facility will need to verify licensure, advanced practice approval, and current certification. The ABN will provide a spreadsheet for record-keeping.**
- ▶ **No ABN applications or approval fees are required during this period.**

How can I, in a LHF, utilize the changes to expand services?

Review the scope of practice for each role.



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graph TD; A[Review the scope of practice for each role.] --> B[Determine where the APRN is needed most, to aid in the healthcare crisis.]; B --> C[Determine which facility protocols may need to be developed rapidly, to aid in providing alternative care in various settings.]; C --> D[Include your advanced practice nurses in the discussions; they can assist you with implementing this change.];
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Determine where the APRN is needed most, to aid in the healthcare crisis.

Determine which facility protocols may need to be developed rapidly, to aid in providing alternative care in various settings.

Include your advanced practice nurses in the discussions; they can assist you with implementing this change.

Clinical Nurse Specialists – There are no changes to CNS practice at this time.

As a reminder:

- ▶ A Clinical Nurse Specialist (CNS) is a registered nurse, who has graduate level nursing preparation, including supervised practice, at the master's or doctoral level as a CNS.
- ▶ They are clinical experts in evidence-based nursing practice within a specialty area, treating and managing the health concerns of patients and populations as evidenced by national certification as a CNS. A clinical nurse specialist may perform permitted independent nursing services as an independent contractor. The independent framework is linked below for your information.
- ▶ <https://www.abn.alabama.gov/wp-content/uploads/2018/09/CNS-Independent-Contract-Framework-9-2018.pdf>

**Don't be
afraid to ask
for help and
input from
others.**

- ▶ Call us if needed. The ABN is here to assist you.
- ▶ Colleagues are there in times of crisis.
- ▶ Mentors can guide you.
- ▶ **THINK OUTSIDE OF THE BOX.**